

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/638647
APPLICANT(S)
8/14/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5	1					
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TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

*	IND.	DEP.	*	IND.	DEP.	*
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